

**Accelerated Priority Case (must be processed within 7 calendar days
from the date of receipt at the local DCF Service Center)**

**Referral for Child Care Assistance for Participants in Kansas Early Head Start Child Care Partnerships
(KEHS/CCP)**

The KEHS CCP Referral form will need to be provided with initial application, changes, review and exit of the program.

SECTION I

This section is to be completed by the Kansas Early Head Start Staff, signed by the parent, and sent to your local DCF Service Center attached to a Kansas Department for Children and Families Application for Benefits completed and signed by the parent.

Parent 1: _____ SSN: _____ Date of Birth _____

Parent 2: _____ SSN: _____ Date of Birth _____

☐ Identity of Adults in Household Verified
(Only needs verified once and not again at each review)

☐ Review
☐ Changes

☐ Citizenship Status, verification includes DOB, for Each Child
Verified (Only needs verified once and not again at each review)

☐ New Applications
☐ Exit KEHS CCP Program

☐ Income Verified and Approved

☐ Already on Subsidy but Newly
Enrolled with KEHS/CCP

KANSAS EARLY HEAD START SIGNATURE

DATE

Permission to Release Information: My signature on this form authorizes the Kansas Department for Children and Families (DCF) and Head Start/Early Head Start to share information about my situation. This release is valid from the date set out below and shall remain valid until revoked in writing by the undersigned.

PARENT SIGNATURE

DATE

Child 1	
Child's Name:	KEHS/CC Participating Child: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:	Date of Birth:
Name of Child Care Provider:	
DCF Provider ID:	Date Child Will Begin Child Care:
Weekly Hours of Care Needed:	
<input type="checkbox"/> 10 hrs. Sep-May/40 hrs. June-Aug (example would be siblings in school all day needing care when school is out) Monthly Hours: 43 hrs. Sep-May/172 hrs. June-Aug	
<input type="checkbox"/> 20 hrs. Sep-May/40 hrs. June-Aug (examples would be siblings in half-day school programs such as preschool, Head Start and half day Kindergarten) Monthly Hours: 86 hrs. Sep-May/172 hrs. June-Aug	
<input type="checkbox"/> 40 hrs. All Year (recommended for KEHS/CC participating children and siblings not in school, preschool, Head Start or half day Kindergarten) Monthly Hours: 172 All Year	
<input type="checkbox"/> More than 40 hrs. or different than recommendations above.	
Number of hours per week: _____ *4.3= _____ Monthly Hours Justification for more than 40 hours per week or reason for something different than recommended Justification for more than 40 hours per week or reason for something different than recommended in each block of time: _____ _____ _____ _____	

(DCF Note: Hours for the child care plan need to equal the monthly hours indicated on this form, not the hours the parent indicates on the application/review)

Child 2	
Child's Name:	KEHS/CC Participating Child: <input type="checkbox"/> Yes <input type="checkbox"/> No
SSN:	Date of Birth:
Name of Child Care Provider:	
DCF Provider ID:	Date Child Will Begin Child Care:
Weekly Hours of Care Needed:	
<input type="checkbox"/> 10 hrs. Sep-May/40 hrs. June-Aug (example would be siblings in school all day needing care when school is out) Monthly Hours: 43 hrs. Sep-May/172 hrs. June-Aug	
<input type="checkbox"/> 20 hrs. Sep-May/40 hrs. June-Aug (examples would be siblings in half-day school programs such as pre-school, Head Start and half day Kindergarten) Monthly Hours: 86 hrs. Sep-May/172 hrs. June-Aug	
<input type="checkbox"/> 40 hrs. All Year (recommended for KEHS/CC participating children and siblings not in school, preschool, Head Start or half day Kindergarten) Monthly Hours: 172 All Year	

☐ More than 40 hrs. or different than recommendations above.

Number of hours per week: _____ *4.3= _____ Monthly Hours

Justification for more than 40 hours per week or reason for something different than recommended in each block of time:

Child 3

Child's Name: _____ KEHS/CC Participating Child: ☐Yes ☐No

SSN: _____ Date of Birth: _____

Name of Child Care Provider: _____

DCF Provider ID: _____ Date Child Will Begin Child Care: _____

Weekly Hours of Care Needed:

☐ 10 hrs. Sep-May/40 hrs. June-Aug (example would be siblings in school all day needing care when school is out)

Monthly Hours: 43 hrs. Sep-May/172 hrs. June-Aug

☐ 20 hrs. Sep-May/40 hrs. June-Aug (examples would be siblings in half-day school programs such as pre-school, Head Start and half day Kindergarten)

Monthly Hours: 86 hrs. Sep-May/172 hrs. June-Aug

☐ 40 hrs. All Year (recommended for KEHS/CC participating children and siblings not in school, preschool, Head Start or half day Kindergarten)

Monthly Hours: 172 All Year

☐ More than 40 hrs. or different than recommendations above.

Number of hours per week: _____ *4.3= _____ Monthly Hours

Justification for more than 40 hours per week or reason for something different than recommended in each block of time:

SECTION II

Completed by the Kansas Early Head Start Staff at time parent leaves KEHS program. Mail or hand deliver to your local DCF Office. Kansas Early Head Start must report this change within 10 calendar days from the date that the parent leaves the program. You must also include **all** documentation used when determining eligibility along with this form to the DCF Office.

Last Day of Care: _____
Date

Please provide a reason below for the parent leaving the KEHS CCP program.

- ☐ Income over 85% SMI
- ☐ Moved
- ☐ Non-compliance with 30 hour activity requirement
- ☐ Other _____

If parent has moved please provide their forwarding address:

INSTRUCTIONS

1. For each parent entering KEHS/CC Partnership, Section I of the Request for Services Form will need to be completed by the Kansas Early Head Start Staff and signed by the parent. The SSN is not required to be filled in but if you have it, it should be completed. This will help DCF identify the parent on any existing cases on our eligibility system. Section I of the form will also need to be completed for each yearly review and turned in with the review form. The parent's signature is needed to serve as permission to release information between DCF and Kansas Early Head Start. Provide as much information as possible for each parent to match them on the DCF eligibility system.
2. **Identity of Adults in Household Verified** Verification of identity for the adults in the household must be obtained and kept with the Kansas Early Head Start records. This verification of identity only needs to be provided once for each adult and will not be needed at each review, as identity does not change. Any document with the adult's name on it may be used. Once obtained, mark this box in Section I. If the parent is under 18 and not emancipated, obtain the verification for the parent's caregiver.
3. **Citizenship Status of Child Verified** Verification of citizenship and immigration status is required for each participating **CHILD**. This verification of citizenship only needs to be provided once for each child and will not be needed at each review unless there is a change reported in their status. For children who are U.S. Citizens, acceptable forms of documentation include birth certificates, religious records, Certificates of Citizenship or Naturalization, or U.S. Passports. Children who are non-citizens may be eligible. Please obtain a copy of their immigration documents and send it to the Kansas Early Head Start Program Manager at DCF who will determine if they are qualifying non-citizens. Verification of the child's date of birth is also required, but this will typically be present on the citizenship or immigration documents and this will serve as verification. Once obtained, mark this box in Section I and keep a copy of the verification with the Kansas Early Head Start records.
4. **Income Verified and Approved** Families must have income below 185% of the Federal Poverty Level to be eligible for Kansas Early Head Start Child Care Assistance. Each May, this income limit will need to be updated to use the new Federal Poverty Level for that year. The Kansas Early Head Start will utilize existing Head Start standards to determine the income used. Once obtained, mark this box in Section I and keep a copy of the verification with the Kansas Early Head Start records. After initial eligibility determination the family will need to stay below 85% SMI to remain eligible for child care assistance. The monthly income and family share deduction schedule chart should be followed to ensure the family is under 85% SMI.
5. **Child's SSN** The SSN is not required to be filled in but if you have it, it should be completed. This will help DCF identify the child on any existing cases on our eligibility system. The date of birth will need to be provided as verification of the child's date of birth is required.
6. **Weekly Hours of Care Needed** The number of hours of child care needed for each child will need to be marked. The appropriate box will be selected with the justification provided for the hours needed based on the families need for child care if different hours are needed for the non EHS sibling. For parents who are participating in 30 hours of approved activities per week, 40 hours of care would typically be needed for the children who are in the partnership and other siblings who are not in school due to ½ hour of travel time to work, ½ hour of travel time from work and 1 hour for lunch. 40 hours of care should be selected when appropriate. If more hours of care are needed, the number of hours needed and the justification of why the additional hours

are needed will need to be provided on the form. For example, if the parent is participating in more than 30 hours of approved activities, the parent needs more travel time than 1 hour per day to and from work, the child needs to finish nap time or other activities in the best interest of the child that would be interrupted with the 40 hours of care or other needs that are reasonable. The number of weekly hours needed (40 or more than 40) will need to be multiplied by 4.3 to come up with the number of hours needed per month. This amount needs entered on the form.

7. Kansas Early Head Start **maintains a copy** of this form and sends a copy to their local DCF Service Center attached to a Kansas Department for Children and Families Application for Benefits completed and signed by the parent. If the parent is under 18 and not emancipated, the parent's caregiver will need to complete the DCF Application for Benefits. Kansas Early Head Start may want to go to the local DCF lobby with the consumer to speed up the processing of the application or review, as it will be completed the same day when the parent stays in the lobby.
8. Section II is completed and sent to DCF along with the first page of the Referral form originally submitted by the Kansas Early Head Start when the child is no longer enrolled in the Kansas Early Head Start/ Child Care Partnership program. On the first page you will need to select the box exit KEHS CCP Program. It needs to be turned in to the local DCF office within 10 calendar days from the day the child is no longer enrolled. You will need to complete the reason why the parent is leaving the KEHS Child Care Partnership program by selecting the correct box it applies to and/or selecting the other box and providing the reason below it. You will need to send in **all** documentation that was used to determine the family eligible with the exit KEHS CCP Referral form paperwork. The documentation to be sent in would include identity, citizenship and proof of school or work activities as well as income. If the parent is no longer participating because they have moved, Kansas Early Head Start should fill out the forwarding address for the parent so the notices can be delivered to the parent. The more information that is provided at exit will help the DCF Office determine how to proceed with subsidy for the family.
9. Kansas Early Head Start (KEHS) Grantees must maintain **all** documentation pertaining to the KEHS Child Care Partnership on site for **5 years** including child and family files. This information must be made available upon request for audit purposes.
10. A change will need to be reported if there is an increase or decrease in hours needed, change in providers or change in children participating in the program. A new KEHS CCP Referral form with the updated information will need to be submitted along with the changes box selected in Section 1. The new KEHS CCP Referral form will need to be signed by the parent and the grantee.

Accelerated Definition

For new applications, the case must be processed within 7 calendar days from the date of receipt at the local DCF Service Center. DCF will ensure the family is cooperating with Child Support enforcement and any past fraud investigations. If eligible, benefits will be issued back to the date that the application is received at the local DCF Service Center or the date the child will begin child care with the provider, whichever is later. Benefits will not be issued prior to the date the application is received at the DCF office.

Reviews will be mailed out about 45 days before the end of the review period, 11 months after the initial application month. Because there should be ample time to return a review without interrupting services, reviews will not be accelerated.

Kansas Early Head Start has the option to go to the local DCF lobby with the consumer to speed up the processing of the application or review, as it will be completed the same day when the parent stays in the lobby.